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#### **DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION** (37,CFR 1.63)

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(37 CFR 1.16 (e)) required)

respond to a collection of inform	ation uni	ess it contains a valid ONB control number.	
Attorney Docket Num	ber	3440	1
First Named Inventor		Wheeler et al.	
co	MPL	ETE IF KNOWN	
Application Number		1	
Filing Date	Her	ewith	
Group Art Unit	TBE	)	
Examiner Name	ТВС	)	

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
METHOD AND COMPUTER SOFTWARE PRODUCT FOR DEFINING MULTIPLE PROBE SELECTION REGIONS										
the specification of which (Title of the Invention)										
is attached hereto										
OR										
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number	and	was amended on (MM/DD/Y	YYY)	(i	fapplicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.										
I acknowledge the duty to discl	ose information which is mater	rial to patentability as defined	l in 37 CFR 1.56							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application	Foreign Filing Date Priority Certified Copy Attache									
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO					
☐ Additional foreign application	on numbers are listed on a sup	pplemental priority data sheet	PTO/SB/02B attac	hed hereto:						
I hereby claim the benefit under	er 35 U.S.C. 119(e) of any Uni	ted States provisional applica	ation(s) listed below							
ApplicationNumber(s		MM/DD/YYYY)								
			numbers a a supplem	provisional app re listed on ental priority da 2B attached her	ta sheet					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365® of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

beres established			-										
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)				
Additional U.S. o	or PCT int	ernational ap	plication num	nbers are list	ted on a	supp	lement	al priori	ity data she	et PTO/	SB/02B attac	ched hereto.	
As a named invento	or, I hereb	y appoint the	following reg	gistered prac	ctitioner	(s) to	prosec	ute this	application	and to	ransact all b	usiness in the	
Patent and Tradem therewith	☐ Custom  OR  ☑ Registe	ner(s) r	er(s) name/registration number listed be				below	Place Customer Number Bar Code Label here					
Na	ame		Reg	Registration Number			Name				Registration Number		
Vern	Norviel	····	3	32,483			Phil	lip L. N	/lcGarrigle		3	1,395	
Wei	Zhou		4	14,419			,	Alan B	. Sherr		4	2,147	
	beschue		1	37,505				,					
☐Additional registe	ered prac	titioner(s) nar	med on suppl	lemental Re	gistered	Prac	titioner	Informa	ation sheet	PTO/SB	/02C attache	ed hereto.	
Direct all correspondence to:   Customer Number or Bar Code Label					22886				OR	address below			
Name	Affymet	rix, Inc.											
Address	Genera	I IP Counsel	- Legal Depar	rtment									
Address		entral Expres											
City	Santa C	Clara				s	tate	CA		ZIP	95051		
Country	USA		Telepho	one	408	408/731-5000					Fax 408/731-5392		
I hereby declare the believed to be true punishable by fine application or any p	; and furth or impriso	ner that these onment, or bo	e herein of my	y own knowle were made v	with the	know	dedge ti	hat will	ful false stat	tements	and the like	so made are	
Name of Sole	or First I	Inventor:					A petiti	on has	s been file	d for th	is unsigned	I inventor	
Given	Name (	first and mi	ddle [if any]	)				Fa	mily Name	or Su	rname		
	<b>_</b>	Ray					_	_	Whe	eeler			
Inventor's Signature		Carner Man Date Date							12 hold				
Residence: City Berkeley State CA						Coun	ntry	USA		Cit	tizenship	USA	
Post Office Add				•									
Post Office Add		1947 Ores	gon St. #6										
City		Berkel ey	State	ZIF		9470	3	Country	y Us	USA			
Additional inventor     Additation     Additional inventor     Additional inventor     Additi	entors ar	e being nam	ed on the 1:	supplement	al Addi	tional	Invent	tor(s) s	heet(s) PT	O/SB/0:	2A attached	hereto.	

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### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joi	nt Inventor, if any:	☐ A petition has been filed for this unsigned inventor								ed inventor		
Given Nar	ne (first and middle [	(first and middle [if any])					Family Name or Surname					
Simon Z-	Caul				Cawley							
Inventor's Signature	X.		ent	4		.,			Date	12/20/01		
Residence: City	Oakland	State	CA (	$O_{c}$	Country USA			Citi	zenship_	USA		
Post Office Address												
Post Office Address	5343 Broadway Te	rrace #404		, , , . ==								
City	Oakland	State	CA	ZI	1 <b>P</b> 9	4618		Country	USA			
Name of Additional Jo	int Inventor, if any:			[	☐ A pet	ition h	nas been filed	d for this ur	nsigned in	ventor		
Given Name (first and middle [if any])							Fam	ily Name o	r Sumame	Э		
David		Kulp										
Inventor's Signature	DIG						Date ZD DEC 01					
Residence: City	Albany	State	CA Country USA					Cit	zenship	USA		
Post Office Address												
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City	Albany	State	CA	z	ip <sup>g</sup>	4706		Country	USA			
Name of Additional Jo	int Inventor, if any:				☐ A pet	ition I	has been file	d for this u	nsigned in	nventor		
Given Nam	ne (first and middle [i	f any])		Family Name or Sumame								
Alan	Williams											
Inventor's Signature	Alm Fe							Date	12-20-200)			
Residence: City	Albany	State	CA	C	Country	USA		Citiz	enship	USA		
Post Office Address												
Post Office Address	1026 Curtis St.								<del></del>			
City	Albany	State	CA		Zip		94706	Count	y US/	A		

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#### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Io	Joint Inventor, if any:												
Name of Additional 30	int inventor, ir any:	A petition has been filed for this unsigned inventor								ed inventor			
Given Name (first and middle [if any])					Family Name or Surname								
Brant			Wong										
Inventor's Signature	Frank W.			****			Date		12/20/01				
Residence: City	Walnut Creek	State_	CA	Country					itizensh	ip	USA		
Post Office Address													
Post Office Address	1453 Treat Blvd., #3	315											
City	Walnut Creek	State	CA	ZIP	94	596		Country	y US	SA .			
Name of Additional Jo	oint Inventor, if any:				A petiti	on ha	s been filed			d inve	entor		
Given Na	me (first and middle [i	f any])		Family Name or Sumame									
Inventor's Signature								Date					
Residence: City		State		Cou	intry			Ci	tizenshi	ip			
Post Office Address										<u>. F _ 1</u>			
Post Office Address								_					
City	s	tate		Zip				Country	,				
Name of Additional Jo	int Inventor, if any:				A petiti	on has	s been filed	for this u	ınsigned	d inve	entor		
Given Nam	e (first and middle [if	any])		Family Name or Surname									
				.,						-			
Inventor's Signature	Date												
Residence: City		State	Country					Citiz	Citizenship				
Post Office Address			•	•									
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City		State			Zip			Countr	ry _				

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